

Subject: APPOINTMENT SCHEDULING: Primary and Specialty Care

I. POLICY

This Policy contains required elements to meet LIHP standards Appointment Scheduling: Primary and Specialty Care. The procedures will be implemented with the goal of improving access to care for LIHP members. This policy and procedure will be applicable for all aspects of LIHP, and will not represent any specific contractual geographic area, but rather is global in nature and applies to all MHC LIHP contracts.

Sacramento County will include these expectations in the Low Income Health Program (LIHP) contract with Molina Healthcare of California (MHC).

II. STANDARDS

- A. Accessibility to primary health care services shall be provided at a location within sixty (60) minutes or thirty (30) miles from each enrollee's place of residence.
- B. Primary care appointments shall be made available within (20) business days of the request.
- C. Urgent primary care appointments shall be provided within (48) hours (or 96 hours if prior authorization is required) of the request.
- D. Specialty care appointments shall be made available within (30) business days of the request.
- E. Network providers shall offer office hours at least equal to those offered to the health plan's commercial line of business enrollees or Medicaid fee-for-service participants.
- F. Services under the contract shall be made available 24 hours per day, seven days per week when medically necessary.
- G. Hospital emergency rooms shall provide coverage of emergency services provided in hospital emergency rooms for emergency medical conditions, and/or required post-stabilization care, regardless of whether the provider that furnishes the services is within the LIHP network.
 - 1. Out-of-network providers must, as a condition for receiving payment for emergency services of an enrollee, notify MHC within 24 hours of admitting the MCE enrollee into the emergency room, and, with respect to post-stabilization care, meet the approval protocols established by the LIHP program.
 - 2. Enrollees shall not be held liable for payment of out-of-network emergency or post-stabilization services.

III. PROCEDURES

A. Appointment Availability & Scheduling

1. Primary Care

Members will schedule routine (non-urgent) primary care appointments by contacting their Primary Care Provider's (PCP) office during business hours, using the phone number listed on the member's I.D. card. These visits are described as care appropriate at a primary care level for evaluation and treatment of non-acute problems and preventive care services for new or established patients. Preventive care services, include but are not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat conditions, and laboratory and radiological monitoring for recurrence of disease. These appointments may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice. Primary care appointments will be made available within (20) business days of the request.

A routine follow-up appointment for established patients will be scheduled based on medical necessity and in compliance with the appropriate access standards. The PCP's schedule will be adjusted to provide access if the next appointment falls outside of these parameters.

2. Specialty Care

Specialty (non-emergent) care will be provided within the MHC's service area and by referral from the PCP. These visits will be scheduled with staff at the specialty care site and made available within (30) business days of the request. If a medically necessary specialty service is unavailable within the service area, staff may coordinate specialty care outside of the service area and/or network.

3. Urgent Care

Medically indicated urgent appointments will be within (48) hours (or 96 hours if prior authorization is required) of the request. The request for services will be evaluated and the urgency assessed to determine the nature of the medical problem and the need for urgent treatment. If an urgent care appointment is needed and cannot be accommodated, the physician, mid-level clinician, or registered nurse will triage the problem and determine the appropriate time and place for care.

4. Emergency Care

Medically necessary emergency treatment will be provided immediately to all members regardless of whether or not the services are provided by a network provider. These services are provided without referral and are provided in a hospital emergency department most convenient to the member. The 24-hour on-call staff will ask members to dial 911 in a true medical emergency. Emergency care is available 24 hours, 7 days per week.

MHC provides members with 24 hours per day, seven days a week access to a licensed registered nurse for triage through the Molina's "nurse advice line." Members can access this service by calling the toll free phone number listed on the member's MHC identification card.

5. After Hours

In the event a member attempts to contact their primary care provider after hours, members will call the 24/7 nurse advice line and receive instructions on how to proceed to address their medical concerns.

If members are experiencing an emergency medical condition, they will be instructed to call 911 or to access services at the closest Hospital Emergency Department. An emergency medical condition is a medical condition which is manifested by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention to result in:

- a. Placing the health of the individual in serious jeopardy; or
- b. Serious impairment of bodily functions; or
- c. Serious dysfunction of any bodily organ or part.

The advice nurse will contact the PCP or an on-call physician to assist with cases not covered by criteria/protocols, or to address issues outside a nursing scope of practice. The PCP or an on-call physician will respond to urgent after-hour phone messages, calls and/or pages within 30 minutes.

B. Monitoring, Evaluation and Corrective Action

1. Access to care at the PCP office that provides services to MHC members, including Medicare members, is evaluated by the Quality Improvement (QI) Department through monitoring appointment and after-hour availability.

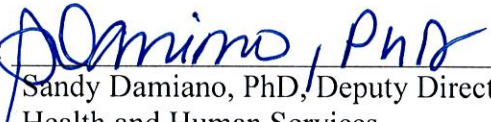
Annually, MHC conducts an appointment and after-hour availability audit on a defined sample of primary care physicians and high volume specialists. A vendor is used to perform the audit. The survey data is compared to MHC's appointment and after-hour access standards to determine the level of compliance. All practitioners and provider offices that fail to meet the access performance standards are sent letters notifying them of the evaluation findings and suggestions for improvements. Practitioners and provider offices that fail to meet the standards for two consecutive years of evaluation will be required to sign a form confirming that corrective action was completed and that they are now in compliance with the standard. Provider Services and QI will confirm that the corrective action form is signed. Individual practitioner results are reported to the Credentialing Department, if needed.

2. The Member Services Department reviews member inquiry, complaints and grievances logs of delays in access to care. These are reported quarterly to the Quality Improvement Strategy Committee.
3. Delays in access that may create a potential quality issue are sent to the QI Department for review.
4. Significant deviations from the standards are reported to the QI and other quality committees.

C. Telephone Triage

1. Telephone triage in the physician's office is performed by a registered nurse (RN), a non-physician medical practitioner (Nurse Practitioner or Physician's Assistant) or the physician.

- a. The nurse or non-physician medical practitioner assesses the situation and consults a physician as indicated.
 - b. Medical Assistants (MA) and other non-licensed personnel can only relay messages from the other licensed practitioners and must document that, for example, message relayed by M. Smith, MA, from Dr. D. Jones, MD.
2. Protocols are used to promote a consistent triage process. Each site is to have procedures for telephone triage with instructions for specific presenting signs and symptoms, including medical emergencies.
 3. A summary of each triage, including the problems addressed and the advice or information given is to be documented in the member's medical record and signed by the individual performing the triage.
 4. Medical emergencies are referred to the emergency room or 911.
- D. Missed Appointment and Member Recall
1. If a member fails to keep an appointment, the office staff and the practitioner are notified. The practitioner is to review the record and determine if scheduling a return visit is medically indicated.
 2. Members requiring continued care are to be contacted by the office staff for scheduling of an appointment.
 3. If the member cannot be reached by telephone within three business days, a letter will be sent about their missed appointment, and a copy of the letter will be filed in the member's medical record.
 4. Members not keeping a second appointment are notified by letter about the missed appointment, and a copy of the letter will be filed in the member's medical record.
- E. Some primary care clinics offer extended evening and weekend hours. LIHP enrollees may receive telephonic triage and medical advice 24 hours/day, 7 days a week, by calling the MHC nurse advice line.
- F. Emergency services are available at local Emergency Departments 24 hours a day, 7 days a week.

Approved By:  PhD
Sandy Damiano, PhD, Deputy Director
Health and Human Services

Date: 05/30/12

Subject: APPOINTMENT SCHEDULING: Out of Network Emergency Services

I. POLICY

Sacramento County will include these expectations in the LIHP contract with Molina Healthcare of California (MHC). This Policy contains required elements to meet LIHP standards for **APPOINTMENT SCHEDULING: Out of Network Emergency Services** and the procedures will be implemented with goal of improving access to care for the Molina LIHP membership. This policy and procedure will be applicable for all aspects of LIHP, and will not represent any specific contractual geographic area, but rather is global in nature and applies to all Out of Network MHC LIHP emergency services.

II. DEFINITIONS

- A. Emergency Medical Condition** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:
1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
 2. Serious impairment of bodily functions
 3. Serious dysfunction of any bodily organ or part
- B. Emergency services** means covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish these services under this title, and needed to evaluate or stabilize an emergency medical condition.
- C. Post-stabilization of care services** means covered services related to an emergency medical condition that subject to approved protocols, are provided after an LIHP enrollee is stabilized in order to maintain the stabilized condition or to improve or resolve the enrollee's condition
- D. Payment**
1. MHC will pay for emergency services and post stabilization services provided by out of network provider at 30% of the applicable regulatory fee-for-service rate under the state plan less any supplemental payments.
 2. MHC will pay for inpatient services 30% of the applicable regional unweighted average of per diem rates paid to MHC contracted hospitals.
 3. Out of network providers must, as a condition of receiving payment, notify MHC within 24 hours of admitting the patient into the emergency room, and, with respect to post-stabilization care, meet the approved protocols established by the LIHP program.

III. PROCEDURES

A. LIHP Plan Materials

MHC LIHP Plan Materials will provide information to enrollees about their ability to receive emergency and post-stabilization services as well as their right to not be liable for payment for these services

B. Notification of Molina for LIHP members

1. Out-of-Network providers must contact MHC to verify eligibility.
2. If an enrollee is treated and discharged or admitted by a provider, the provider must contact MHC within 24 hours of the patient admission via facsimile.
3. To repatriate the enrollee to a contracted provider, the provider must contact MHC Medical Services within 24 hours of admitting the patient into their emergency department, and with respect to post-stabilization care, meet the approved protocols established by the LIHP program
4. Admitting Department must obtain demographic information, medical information, and anticipated outcome as to whether need to be transferred to MHC contracted hospital or discharged from the out-of-network provider services.
5. If the enrollee needs to be transferred, the Admitting Department will activate the MHC internal procedure for accomplishing transfer.

C. Transfer Protocols

1. MHC will apprise out-of-network providers of established protocols that must be met in order to receive payment for post-stabilization care.
2. MHC Medical Services Department will facilitate a provider to provider clinical review of the case to make final decision regarding transferring LIHP enrollee.

Approved By: _____

Sandy Damiano, PhD
Sandy Damiano, PhD, Deputy Director
Health and Human Services

Date: _____

05/30/12